VILLAGE OF CORFU

SPECIAL USE PERMIT APPLICATION

1.) PROPERTY OWNER	Name:		
APPLICANT	Name:		
(if other than owner)	Name: Address:		
	Telephone No.		**************************************
2.) LOCATION OF PROP		er:	
	Zoning District:		
	Tax Map Parcel N	No.:	
3.) PROVISION OF ZON	ING LAW INVOLV	ED:	
Subsection:	Paragr	aph:	
A) DI IDDOSE OE DEOLIE	CT.		
4.) PURPOSE OF REQUEST:			
5.) JUSTIFICATION OF F	REQUEST: General Respo	nse	
•			
The applicant shall submit with the landscaping diagrams, traffic circ that will assist the Board in under	ulation diagrams, neighborhoo		
CERTIFICATION: I hereby certify that I have read know the same to be true and will be complied with whether spauthority to violate or cancel the or performance of construction.	correct. All provisions of laws pecific herein or not. The gra	s and ordinances covering this nting of a permit does not presu	type of work or use Ime to give
SIGNATURE OF PROPER	TY OWNER:		DATE
(Only applications signed by the pro		ed.)	
SIGNATURE OF APPLICA	ANT:		DATE
(If other than owner.)			
OFFICE USE ONLY:		APPLICATION No.	
DATE RECEIVED		\$	
DATE OF FIRST MEETING			
DATE OF PUBLIC HEARING DATE OF SUBSEQUENT MEETIN			
	ing Board Village Board		· ·